

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	6/23/99
O.I.P.E. CLASSIFIER		22	7/16/99
FORMALITY REVIEW	NDNO	68971	7/16/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Date	
Final	Original	
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
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36	✓	✓
37	✓	✓
38	✓	✓
39	✓	✓
40	✓	✓
41	✓	✓
42	✓	✓
43	✓	✓
44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Date	
Final	Original	
51	✓	✓
52	✓	✓
53	✓	✓
54	✓	✓
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58	✓	✓
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94	✓	✓
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97	✓	✓
98	✓	✓
99	✓	✓
100	✓	✓

Claim	Date	
Final	Original	
101	✓	✓
102	✓	✓
103	✓	✓
104	✓	✓
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108	✓	✓
109	✓	✓
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140	✓	✓
141	✓	✓
142	✓	✓
143	✓	✓
144	✓	✓
145	✓	✓
146	✓	✓
147	✓	✓
148	✓	✓
149	✓	✓
150	✓	✓

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)